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Intellectual Property & Technology Law

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Page 1 of: 11

Attention: USPTO

From: Ronald D. Faggetter / Colin C. Climie

Your file no.: Patent Serial No. 09/605,824

Reply to Toronto file no.: 92644-2

438 University Avenue

Suite 1500, Box 111

Toronto, Canada M5G 2K8

Tel.: (416) 593-5514

Fax: (416) 591-1690

Date: October 18, 2004

Time:

The following documents are enclosed:

1. Transmittal Letter.
2. Response to Office Action dated October 18, 2004.

If there are any transmission problems, please call (416) 593-5514.

Original copy and any enclosures ☐ will be sent by ☐ mail
☒ will not ☐ courier

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OCT 18 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:
Guo-Qiang Q. Wang

Serial No.: 09/805,824

Filed: June 29, 2000

For: WAVELENGTH ACCESS SERVER
(WAS) ARCHITECTURECommissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450
USA

Group Art Unit: 2663

Examiner: Phan, Hanh

Attorney Docket No.: 92644-2

Certificate of Transmission

I hereby certify that this correspondence is being
facsimile transmitted to the Patent and
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on October 18, 2004.

Signature

Ronald D. Faggetter

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TRANSMITTAL LETTER (Large Entity)

Dear Sir:

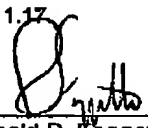
Transmitted herewith is a response in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	8	20	0	X \$18.00	\$0
INDEP. CLAIMS	5	11	0	X \$88.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. 19-2548 in the amount of \$. A duplicate copy of this sheet is enclosed.
- ☒ Conditional Petition for Extension of Time: An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this transmittal have been considered. Please charge the fees required therefor to Deposit Account No. 19-2548.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-2548. A duplicate copy of this sheet is enclosed.
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application procession fees under 37 C.F.R. 1.17.

October 18, 2004
Date
92644-2
Encl.
Telephone: (416) 503 5514


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